



ENTRY FORM 2015 Auckland Finn Championships

Organising Authority: **Takapuna Boating Club**

Street Address: 39 The Strand,
Takapuna Beach
Auckland

Postal Address: PO Box 33062
Takapuna
Auckland 0740

Event: 2015 Auckland Finn Championships	
Country Code On Sail:	Sail Number:
Hull Colour:	Boat Name:

Helmsman:	
First Name:	Nationality:
Last Name:	ISAF Sailors Code: (If Applicable)
Address:	Yacht Club:
Birth Date:	
Email:	
Phone:	Mobile:

Payment Details:		
Amount Paid:	Date Paid: Due 21 Oct 2015	Payment Method: Cash / Cheque / EFTPOS / Internet Banking
NZ\$160		Takapuna Boating Club Bank Details:
		Bank: ASB Bank Ltd Branch: Central Auckland Commercial Banking Account No/IBAN: 12 3109 0044465 03 Swift/BIC Code:: ASBBNZ2A Note: Reference payment with your name, country & sail number. All Local and International Bank Fees must be paid by Entrant

I agree to be bound by the Racing Rules of Sailing and all other rules that govern this event. I understand that yacht racing has inherent risks and dangers that are beyond the control of the organizing authority. I understand that neither the organising authority and its officers, members and servants nor other persons assisting with the conduct of the regatta accept any responsibility in respect of any injury or loss to person or property that may be sustained by reason of participation in the regatta or howsoever arising in connection with the regatta.

I agree to the use of my photograph(s) and other relevant information in any event publicity and in the ongoing promotion of New Zealand yachting. I agree to the Organising Authority and Yachting New Zealand holding the above information for the general administration and well-being of the sport, and for them to retain, use and disclose the information to affiliated organisations and any other persons or organisations that Yachting New Zealand believes will further the interests and objectives of Yachting New Zealand. I acknowledge my right to access to and correction of this information. The consent is given in accordance with the Privacy Act 1993.

Helmsmans Signature:	Date:
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Office Use:			
Amount Paid:	Date Paid:	Payment Method: Cash/Cheque/EFT/Internet Banking	Comments: